REQUEST FOR CHANGE

EPA	II	1: CTD CO)164	(672 cc	MPANY	NAME: Walter	America	रत रिक्टु	S.
Dat	e (of Request:	T	OWN:	Wider	2014		
		SECTION/ITEM TO BE CHANGED	OLD VALUE	1	NEW VALUE	REASON/C	OMMENTS	
I*		Name of Installation			¥			
II*	*	Location of Installation			, \97			
III		Installation Mailing Address			710		•	
IV	г.	Installation Contact's Name			Flewelling,	1	BR - 19	91
	b.	Installation Contact Title						
	с.	Installation Contact Phone #					\$1 \$1	
V	г.	Ownership & Address					OWNERSHIP	
	ć.	Property Owner & Address				DATE OF	OWNERSHIP	CHANGE
VI		Status	(Originally SQG (<100 k SQG (100-10 GENERATOR TRANSPORTER TSDF	(g) (00kg)	ied as:) Change status t	.0 :		

^{*} Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.

REQUEST FOR CHANGE

EPA ID #: CTD 001164672

COMPANY NAME: Chase Brass & Copper Co-Forged Com

Waterbury

		TOWN:	Waterbur	
	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
	Name of Installation	Chase Brass & Copper Co-Forged	Waltec American Forgings Inc.	per 1987 Report
	Location of Installation		* .	
	Installation Mailing Address			
a.	Installation Contact's Name	Walter American Forgings Inc.	John A. Nelmes	
be	Installation Contact Title		Plant Engineer	
c.	Installation Contact Phone #	-		
a.	Ownership			-
b.	Property Owner			-
	Status	(Originally noti SQG (<100kg) SQG (100-1000kg)	Change status to:	
	-	GENERATOR		
	-	TRANSPORTER		
	EPA - Waste Number(s)			-
	TSD Facility Pr Changes (handli methods).	rocess		
		1		s Waste Activity Form

SEPA"	NOTIFICATION OF AZARDOUS WASTE ACTIVITY	IN. ONS: If you received a preprinted label, and it in the space at left. If any of the
INSTALLA- TION'S EPA I.D. NO.	Chase Brass & Coppei Co-Forget.	information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
NAME OF IN-	copper to	complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
INSTALLA- TION I. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE	label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer
W		to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The
LOCATION LOF INSTAL- LATION		information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
OR OFFICIAL	USE ONLY COMMENTS	
нтт	COMMENTS	
16	ON'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)	55
CTDOO	116467211 840517	Alexandra de la composição
NAME OF INS		
ALTEC	A MERICAN FOR GINGS INC	67
I. INSTALLATI	ON MAILING ADDRESS STREET OR P.O. BOX	
7 3 0 N		IP CODE
H I I I	C. 17 OK 10 W	FRODE MANAGES 111
16	B UR 1 40 41 42 47	51
II. LOCATION	OF INSTALLATION STREET OR ROUTE NUMBER	
SAME		HA 1222
5 16	CITY OR TOWN ST. ZI	IP CODE MARDON
5 16	TON CONTACT	
	NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
KN AU F	DAVID PLANT MANAGER	2 0 3 - 7 5 7 - 9 8 4 1
. OWNERSHIP		
	A. NAME OF INSTALLATION'S LEGAL OWNER	
WALTE	OWNERSHIP OWN TYPE OF HAZARDOUS WASTE ACTIVITY	(onter "Y" in the appropriate hor (es)
enter the appropr		. TRANSPORTATION (complete item VII)
F = FEDERA M = NON-FE	L DERAL M S57 C. TREAT/STORE/DISPOSE S60 S60	, UNDERGROUND INJECTION
	TRANSPORTATION (transporters only – enter "X" in the appropriate	ER (specify):
A. AIR	62 63 64 65	ER (Specify).
A I. IIVII in the or	SUBSEQUENT NOTIFICATION propriate box to indicate whether this is your installation's first notification of hirst notification, enter your Installation's EPA I.D. Number in the space provided	. 50.011.
		C. INSTALLATION'S EPA I.D. NO.
_	NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete it	tem C) C T D 0 0 1 1 6 4 6 7 2
	ON OF HAZARDOUS WASTES verse of this form and provide the requested information.	
EPA Form 8700-1		CONTINUE ON REVERSE

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

No. 0246-EPA-OT

d d			FOR O	FFICIAL URS N 5 77A C 1 1 1 15
IX. DESCRIPTION OF HAZARDOUS WASTE			AMBRICA	
A. HAZARDOUS WASTES FROM NON-SPECIFIC S waste from non-specific sources your installation	SOURCES. Enter the foundational standles. Use additional stands	r-digit number from a heets if necessary.	40 CFR Part 261.31 fo	or each listed hazardous
1 2 23 - 26 7 8 8 23 - 26 B. HAZARDOUS WASTES FROM SPECIFIC SOURCE	3 23 - 26 9 23 - 26 CES. Enter the four—digi	23 - 26 10 23 - 26 t number from 40 CFF	5 11 23 - 26 11 23 - 26 R Part 261.32 for each	12 D D D D D D D D D D D D D D D D D D D
specific industrial sources your installation handles	. Use additional sheets if	necessary.	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19 20	21	22	23	24
23 - 26 25 26	27	28	29	30
C. COMMERCIAL CHEMICAL PRODUCT HAZARD stance your installation handles which may be a ha	OUS WASTES. Enter th zardous waste. Use addit	e four—digit number fi ional sheets if necessar	rom 40 CFR Part 261. y.	33 for each chemical sub-
31 32 23 - 26 23 - 26 37 38	23 - 26	34 23 - 26 40	23 - 26	36 23 - 26 42
23 - 26 23 - 26 44	23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS WASTES. Enter the four- hospitals, medical and research laboratories your in	digit number from 40 CF estallation handles. Use a	R Part 261.34 for each	h listed hazardous was essary.	
23 - 26 23 - 26	51	52	53	23 - 26
E. CHARACTERISTICS OF NON-LISTED HAZAR hazardous wastes your installation handles. (See 4	0 CFR Parts 261.21 - 26	X" in the boxes corres 1.24.) 3. REAC (D003)		4. TOXIC (D000)
I certify under penalty of law that I have p attached documents, and that based on my I believe that the submitted information is t mitting false information, including the possib	inquiry of those indiv rue, accurate, and con	iduals immediately nplete. I am aware	responsible for obt	aining the information, in
SIGNATURE AND REVERSE		KNAUF PC		3/24/84



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

*CTD001164672

CHASE BRASS & COPPER CO-FORGED COMP DI
730 NORTH MAIN ST
WATERBURY

CT 06704

730 NORTH MAIN ST
WATERBURY

CT 06704

NSTALLATION ADDRESS

11/04/80

EPA Form 8700-12B (4-80)

CETA	NOTIFICATI	ON OF . ZAF	RDOUS WAS	TE ACTIVITY	IN: JCT	IONS: If you received a lit in the space at left. If a			
INSTALLA- TION'S EPA I.D. NO. I. NAME OF IN- STALLATION INSTALLA- TION II. MAILING ADDRESS LOCATION OF INSTAL- LATION	FORGED (730 Nor- Waterbu	RASS & COPPER COMPONENTS DI th Main St. ry, Conn. 06	IVISION 5704	SPACE	information through it in the appropriate a below blan label, comparingle site treated, sto porter's prito the INS CATION information	and supply the correct, of and supply the correct, of and supply the correct in repriate section below. If the correct, leave Items I, I is a leave I is a	fraw a line formation he label is II, and III preprinted " means a generated, or a translease refer S NOTIFI-orm. The red by law		
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C			IDATE RE			55			
FCTDOO	1116467	2 3 1 16	(yr., mo.,	& day)	Aug 18 3	15 PH '80			
I. NAME OF INS	The second secon		37.33						
CHASE	BRASS	& COPP	ERCO	F O R G E	D C O	MPDIV.			
II. INSTALLATI	ON MAILING AD	DRESS							
ETTTT		STREET OR P.O. B	ox		\dashv		7 2 5		
3 7 3 0 N	ORTH M	AIN ST			45		100		
15 116	CITY	OR TOWN		ST.	ZIP CODE				
1	BURY			C T C	6 7 0 4	el .			
III. LOCATION	OF INSTALLATIO	N					E 1.1.2		
	STREET OR ROUTE NUMBER								
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15 116	TION CONTACT	ND TITLE (last, first	, & job title)		PHO	NE NO. (area code & no.)			
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21 - 26 23 - 26 23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 hospitals, medical and research laboratories your installation handles. Use	CFR Part 261.34 for each se additional sheets if nece	listed hazardous was ssary.	te from hospitals, veterinary
49 50 51	52	53	54

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

1. IGNITABLE (D001)

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X 2. CORROSIVE (D002)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Robert C. Ruhl

Vice President-Engineering

August 13, 1980

EPA Form 8700-12 (6-80) REVERSE